

State of Oregon Drinking Water Program
Monthly Disinfection Report for Ground Water Systems

System Name

Power City Water Co-Op

PWS ID# 41-00375

Month/Year

12/1/2025 Entry Point: EP-A for Well

Required Minimum Residual 0.4

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	3:14 PM	Well	.80	2992.gals
2	12:57 PM	Well	.83	5619.gals
3	3:15 PM	Well	.75	5984.gals
4	3:15 PM	Well	.78	0
5	9:09 PM	Well	.73	5460.4gals
6	4:11 PM	Well	.77	5610.gals
7	1:14 PM	Well	.78	0
8	4:28 PM	Well	.73	5984
9	4:47 PM	Well	.68	5610
10	3:35 PM	Well	.64	0
11	3:55 PM	Well	.59	5310.8gals Added 1gal clgt
12	3:09 PM	Well	.55	0
13	7:03 PM	Well	0.49	5410gals 1smkrmb152
14	2:31 PM	Well	0.51	
15	10:32 PM	Well	.65	5460.4gals 100% vol + 11.6%
16	3:45 PM	Well	.67	3591.3gals 100% vol + 11.6%
17	3:14 PM	Well	.71	2318.8gals
18	12:59 PM	Well	.72	4039.2gals 100% vol + 11.6%
19	4:28 PM	Well	.74	1496gals
20	4:11 PM	Well	.71	5310.8gals
21	3:35 PM	Well	.70	0
22	2:32 PM	Well	.69	5385.6gals 100% vol + 11.6%
23	1:47	Well	0.92	0
24	1:21	Well	0.49	5410gals
25	1:14	Well	0.68	1340.1L pumping
26	1:04	Well	0.94	4029.2
27	1:07	Well	0.72	5410.4
28	3:18 PM	Well	.77	0
29	3:05 PM	Well	.79	5385.6gals
30	5:28 PM	Well	.72	613.36gals
31	3:46 PM	Well	.81	6133.16gals Added clgt 11.6%

Was the chlorine residual ever less than the required minimum residual of 0.4 mg/L? Yes No

If yes, what was the longest time period until the required level was restored? _____ Hours - If > 4 hours, Drinking Water Program notified by end of next business day.

GWS Serving 3,300 or Fewer

If yes, did you monitor every four hours until the residual returned to _____ mg/L as required? Yes No

Attach those results and submit them with this form.

GWS Serving More Than 3,300

Did continuous monitoring equipment fail at any time this reporting month? Yes No

If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? Yes No

Attach grab sample results and submit them with this form.

Date continuous equipment failed: _____ / _____ / _____

Date it was returned to service: _____ / _____ / _____

Printed Name: Marlee Merritt
Signature: Marlee Merritt
Date: 12/1/2025

Title: Pres/Manager
Phone #: (541) 922-2711

Operator Certification #: _____

OR

Small Groundwater System

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DRINKING WATER SERVICES